

Spokane Regional Health District Treatment Services Expansion Proposal – 5/29/2025



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REV. DRAFT

I. Executive Summary

Spokane Regional Health District's Treatment Services currently provides essential opioid treatment services, including methadone and buprenorphine maintenance, counseling, and medical intakes, to approximately 966 individuals enrolled individuals within Spokane County and surrounding communities. Within the TS program we provide services that are considered a harm reduction model, this means that we work to engage individuals who are active in their drug use and provide methods to help them decrease (and eventually discontinue) their use, as well as minimize overdose and infectious disease transmission. This is done by offering medications for opioid use disorder (MOUD), overdose reversal medications (naloxone), education on overdose signs, and providing locking boxes for medications,

Significant unmet demand exists within Spokane County, evidenced by the turning away of nearly 193 individuals seeking treatment between July 1 and Dec 31, 2024. Only four (4) individuals turned away did not meet diagnostic criteria for admission.

In the first quarter of 2025 TS turned away 54 potential clients due to limited capacity and restrictive operating hours. This delay in access hinders recovery efforts and contributes to the ongoing opioid crisis in our community.

This proposal outlines a plan to expand TS operational capacity and extend service hours to accommodate all individuals seeking timely access to care. This will involve an increase in staffing, optimization of schedules, and potentially expanding facility usage to increase accessibility for patient intakes and the subsequent OTP treatment services.

This expansion will eliminate the need to turn away individuals seeking treatment, leading to increased access to life-saving care, improved patient outcomes, reduced wait times, enhanced community health, and potential for increased revenue to sustain operations.

The proposal will detail the necessary investment in staffing and operational adjustments, along with projected revenue increases based on serving the current unmet demand.

We respectfully request the Spokane Regional Health District Board of Health's approval for this expansion plan and the allocation of necessary resources to implement these critical changes using the surplus TS generated in 2024.

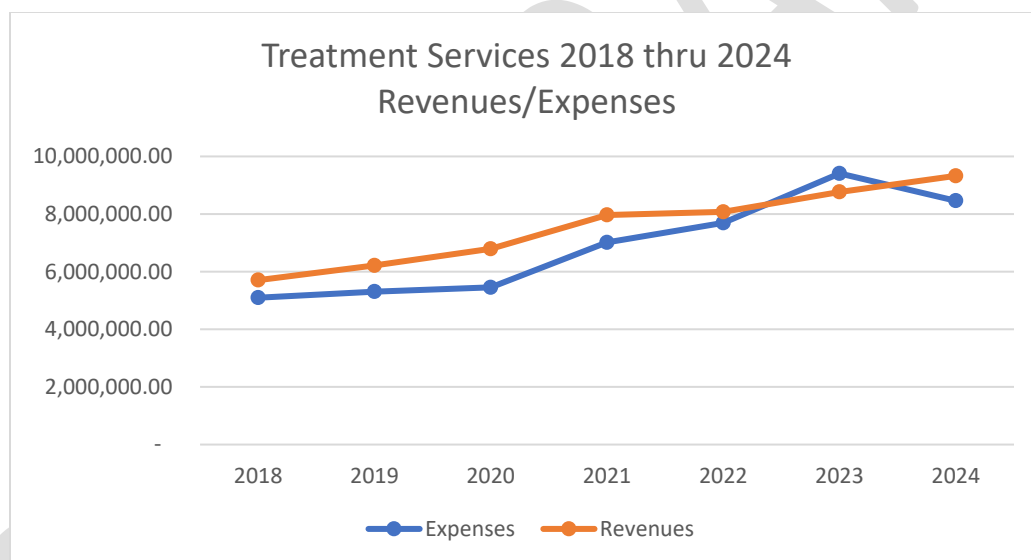
II. Company/Organization Overview

As a leader in public health, we partner with the community to protect, promote and improve the health, wellness, safety and quality of life for all people in Spokane County. Our vision is Healthy lives, Safe environments, and Thriving communities. Our mission and vision encompasses helping those with opioid addiction to achieve these goals.

In 1990, the “methadone clinic” was started by the Spokane Regional Health District (SRHD) because there was no one else in the Spokane community offering services to individuals addicted to heroin. Today, we continue to be the singular largest opioid treatment program (OTP) in our state, but there are other clinics offering the same OTP services in our community and the nation as well.

SRHD’s TS OTP provides a harm reduction method of treatment, ensuring that all patients can receive medications for opioid use disorder (MOUD), overdose reversal medications and all services provided by the OTP. Additionally, OTP provides outpatient mental health services (OMH) to enrolled individuals, which include individual counseling, group therapy, case management, and referral services as necessary.

Over the course of the past seven years under the current Director’s leadership, Treatment Services has generated 4.4 million dollars in surplus revenue that has been contributed to the general fund. Revenues have consistently been increasing over this time. There was a shortfall in 2023 due to covering the cost of two locations and other unexpected expenses. We do not anticipate further shortfalls in revenue in the future.



SRHD’s Treatment Services provides the following services:

- Methadone maintenance treatment
- Buprenorphine maintenance treatment
- Individual and group counseling for OUD
- Medical assessments at intake and annually
- Mental health counseling and group therapy
- Urinalysis testing and breath analysis
- Case management
- Resource referral
- EKG, lab work
- Outpatient Mental Health services

On average we served 955 clients per week in the 1st Quarter of 2025. Most of these clients live and work within Spokane County.

Treatment Services is one of five divisions of the Spokane Regional Health District (SRHD). Below are the key leadership who will be involved in the expansion of services.

- The **Administrative Officer**, Dr. Alicia M. Thompson oversees Treatment Services. Alicia has a doctorate in Public Health Policy and Management and is a Licensed Master of Social Work.
- **Treatment Services Director** - Misty Challinor began her career as a SUDP in 2000 and began with Spokane Regional Health District Treatment Services in 2008. Misty holds a Bachelor of Science Degree in Counseling, Education and Applied Psychology and a minor in Alcohol Drug Studies.

Misty helped to implement the program's first EHR system. She helped develop a jail dispensing process as well as new patient induction. Misty also was able to integrate a mental health program as part of the previous expansion of services for treatment.

Misty was voted in as the chair of the Washington State Association for Treatment of Opioid Dependence (WSATOD) in December of 2021, and represents Washington state at the national American Association for the Treatment of Opioid Dependence (AATOD).

- **Associate Director** April Pinckney completed her education at Eastern Washington University, with a Bachelor of Art degree, focusing on social sciences and humanities, with a minor in addiction studies. She began at Spokane Regional Health District Treatment Services Opioid Treatment Program in 2010. As the program grew April took on a leadership role and advanced to her current position of Associate Director. April collaborated with Spokane County Detention Services to get the OTP services offered within the jail. April has been actively involved in several community activities, including Better me, Better Moms; Recovery Coalition, Hands Across the Falls, and Walk for recovery. April is also the Co-chair of Washington State Association for Treatment of Opioid Dependence (WSATOD).
- **Program Manager 2** Alvina Jesse with SRHD in April of 2011, she was transferred to the Opioid Treatment Program in January of 2012 as an Administrative Assistant 2 and progressively moved up to an Administrative Assistant 5 Supervisor.

In 2018, Alvina pursued a bachelor's degree in healthcare administration and management. At her completion of the BA degree, she was promoted to a Program Manager 1 position. After her completion of an MBA in 2020, Alvina was promoted to Program Manager 2 where she currently holds her position. In addition, Alvina has been involved in a variety of committees that include the System of Care, Better Health Together, Washington State Association for

Treatment of Opioid Dependence (WSATOD), Spokane Regional Health District Leadership Team, Ethics Committee, Quality Council, and Health Equity Committee.

- **Medical Director, Dr. Mary Bergum** obtained her Doctor of Medicine from the University of Washington in 2001. She became certified with the American Board of Family Physicians in 2004, Drug Enforcement Administration (DEA) license in 2006. Dr. Bergum has attended conferences and ongoing training on pain, addiction, pregnant/ postpartum care, opioid use disorders. She is involved with Healing Spokane Task Force, Washington State Opioid Treatment Program Medical Directors, and Hepatitis C work group.
- **Program Manager Linsey Rude** graduated with BSN from MSU in 2007. She spent 9 years working in labor & delivery, education, lactation & human milk banking. Founded & operated the first nonprofit human milk bank in Montana from 2002-2023. In 2015, she began doing supplemental work in mental health and in 2023, moved to Washington to pursue psychiatric nursing full time. In the last ten years she has worked in correctional settings, crises care for homicidal/suicidal clients, treatment centers, as well as adult & adolescent inpatient facilities including work at Eastern State Hospital. Linsey is currently the clinic nurse manager at TS overseeing seven dispensing nurses & three medical assistants.

Treatment Services is licensed to provide the following services:

- ✓ Behavioral Health Agency Opioid Treatment Program – BHA.FS.61408797-OPIOID
- ✓ Opioid Treatment Program Services - Opioid Treatment Programs (OTP) Behavioral Health Agency Substance Use Disorder Outpatient Service – BHA.FS.61408797-SUDOUT
- ✓ Substance Use Disorder Outpatient Services 1 - Level 1 Outpatient Behavioral Health Agency Mental Health Outpatient Service – BHA.FS.61408797-MHOUT
 - Outpatient Mental Health Services 1 - Brief Intervention Treatment
 - Outpatient Mental Health Services 2 - Family Therapy
 - Outpatient Mental Health Services 3 - Group Therapy
 - Outpatient Mental Health Services 4 - Individual Treatment
 - Outpatient Mental Health Services 5 - Rehabilitative Case Management

III. Needs Assessment and Market Analysis

In the 2nd half of 2024 we began tracking individuals who were turned away for intake. We identified 193 individuals who were turned away due to capacity and scheduling limitations. We made changes to our intake process to streamline intakes, and even with these improvements we have already had to turn 54 people away in the 1st quarter of 2025.

Without significant change in capacity and scheduling opportunities we will continue to have to turn away individuals who are ready to address their opioid addiction.

When an individual is turned away from services, it can have a detrimental impact. The individual seeking services often loses hope and the drive to seek help if they are denied when they ask. This then can result in the ongoing cyclic process of OUD and the opioid crisis in our community. This is demonstrated by ongoing overdoses, increased utilization of first responders, and potential criminal activity. Additionally, this can have an impact on an individual's mental health, their family, friends, and all other aspects of their lives until such a time they seek services again and are able to receive care.

The proposed expansion will directly address one prong of the opioid crisis in Spokane County: access to treatment. It also aligns with public health goals of increasing access to treatment.

Our primary patient base relies on Medicaid and Medicare; this highlights the importance of accessible and affordable treatment options for this population.

The expansion will focus on individuals within Spokane County who are currently unable to access opioid treatment services due to limited hours and capacity. This includes those who:

- Work during our current morning dosing hours.
- Prefer or require later hours for intake assessments due to work, family, or other obligations.
- Are currently on waiting lists or have been discouraged from seeking treatment due to perceived access barriers.
- Do not have transportation options to get them to the facility at the early morning hours

There are other opioid treatment facilities in Spokane County, but we know from our annual client surveys that our program has an excellent reputation. We believe this has created our unique challenge of having to turn away clients, this also suggests an overall need for increased capacity in the region. Our TS program has been in operation for 35 years, has a well-established infrastructure and the leadership team has the advantage for efficient expansion due to their experience.

In Spokane County we are not following the national trend of decreased opioid deaths, or use of fentanyl and other opioids. In Spokane County there is an increased recognition of the importance of timely access to Medication Assisted Treatment (MAT) and the growing emphasis

on patient-centered care that accommodates individual needs. SRHD's Treatment Services is well positioned to expand its hours and capacity to meet these needs.

IV. Proposed Expansion Plan

- **Specific Expansion Goals:**

The primary goal is to expand services to reach all individuals seeking treatment by extending hours for intake assessments as well as all services to accommodate individuals with later availability. This would change TS days and hours to Monday through Friday 5:15am- 6pm, and Saturday 7am- 3pm. The estimated increase in client capacity is below.

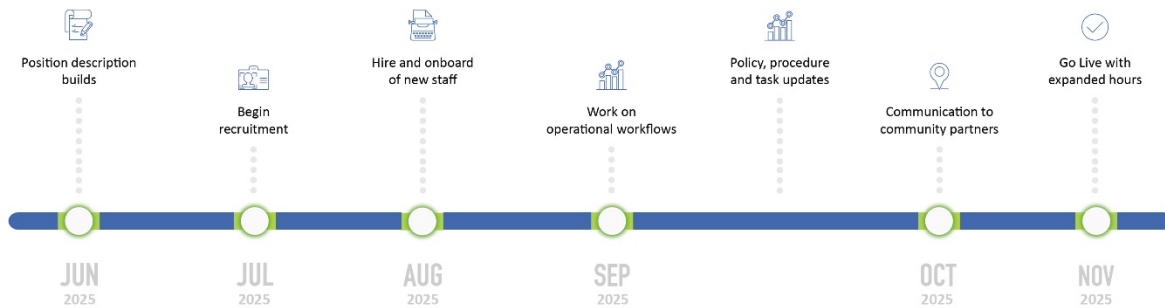
- **Estimated Increase in Client Capacity:**
- Dosing a total of 1,150 patients per 11 ½ hour day
- 30 total intakes per week
- Estimated average weekly census 1,200 to 1,350

There is no geographic expansion planned; the focus is on serving more individuals within Spokane County.

We will need to optimize our ability to schedule various shifts. To manage multiple employee schedules, we will need to implement scheduling software for staff.

- **Marketing and Outreach Strategy:**
 - Collaboration with local referral sources (hospitals, clinics, community organizations).
 - Updates to our website and informational materials.
 - Potential public service announcements and outreach efforts.
 - Facebook posts
 - Flyers to current clients
 - Updates to SAMHSA website

Expansion Implementation Timeline



Caring for our community and the population most impacted by the opioid crises is our duty!

V. Operational Plan

Staffing Plan: We anticipate the following new staffing roles will be needed to support the expanded hours and increase in client volume:

- 2 SUDP
- 1 ARNP
- 1 MA
- 1 AA
- 1 RN
- 1 CA
- 1 Security

Quality Assurance and Performance Measurement: Once expanded hours begin, we anticipate a decrease in the number of individuals turned away, higher dosing numbers per month, decreased wait times, and improved satisfaction on our annual client survey.

Partnerships and Collaborations: We anticipate expanding our current partnerships and having the capacity to create new collaborations because of the expansion. Our current collaborations include Skilled nursing facilities, local hospitals, Spokane County Detention Services, Special Mobility Services, Peer Spokane, STARS, Spokane Regional Stabilization, INBH, local inpatient treatment programs, Isabella house, Maddie's Place, Rising Strong, other local Spokane Opioid Treatment Programs.

VI. Financial Projections

Start-up Costs: Based on the hiring and training of new staff, we estimate the following costs. Any needed potential minor facility adjustments, marketing of the expanded hours, and any necessary technology upgrades will be covered by current excess revenues.

- New staff costs: \$770,397.09 plus indirects of \$119,026.35 for a total of \$889,423.46

Staffing Costs:					
Position Title	Degree/Certification	Full Time Equivalent (FTE) %	Annual Salary	Annual Benefits	Annual Total
SUDP 1, (137, Step 2)	SUDP	2	123,552.00	53,944.54	177,496.54
NP (365, Step 2)	ARNP	1	144,261.00	49,343.91	193,604.91
MA (123, step 2)	MA	1	46,819.50	23,717.78	70,537.28
AA (123, step 2)		1	46,819.50	26,939.08	73,758.58
Clinical Nurse 1 (353, Step 2)	RN	1	80,827.50	27,915.63	108,743.13
Security (121, Step 2)		1	45,006.00	30,713.37	75,719.37
Clinical Assistant		1	46,819.50	23,717.78	\$70,537.28
Staffing Costs Total:					\$770,397.09
Direct Costs: <i>*Provide Narrative - See Note 1 Below*</i>					Annual Amount
Rent Expenses:					
Office/Operating Supplies:					
Repairs/Maintenance:					
Transportation:					
Other:					
Direct Costs Total:					\$0.00
Indirect Costs: Administration & Other Administrative Costs - <i>*Provide Narrative- See Note 2 Below*</i>					Annual Amount
Indirect rate of 15.45% for SRHD Treatment Services. Including administration services, finance, committess, human resources, contracts/procurement, HIPAA and records, and information technology services.					
Indirect Costs TOTAL:					\$119,026.35
TOTAL PROGRAM COSTS (Staffing, Direct & Indirect):					\$889,423.44

Projected Revenue: Based on the assumption of an average census per week of 1,250 with expansion and based on current year to date (YTD) revenues at an average of 955 clients per week we anticipate revenue to increase from the current \$200,083 average per week to \$261,889. This is an increase of \$61,806 per week. If we annualize this estimated increase in revenue we would bring in approximately \$3 million additional dollars per year with expansion.

Funding	2025 YTD	Average Revenue per Week	Average Amount per Client per Week @ 955	Estimated Revenue per Client per Week @ 1250	Increase in Revenue per Week	Total YTD Estimated Revenue @ 1250 Clients per Week
Medicaid	\$ 2,203,878	\$ 137,742	\$ 144.23	\$ 180,291	\$ 42,548.69	\$ 2,884,657
Medicare	\$ 617,647	\$ 38,603	\$ 40.42	\$ 50,527	\$ 11,924.47	\$ 808,439
Fees (private pay, insurance)	\$ 287,635	\$ 17,977	\$ 18.82	\$ 23,530	\$ 5,553.17	\$ 376,486
Indirect Federal - Substance Abuse Block Grant (SABG) through Spokane County	\$ 76,337	\$ 4,771	\$ 5.00	\$ 6,245	\$ 1,473.79	\$ 99,918
State - Criminal Justice Treatment Account (CJTA) through Spokane County	\$ 8,551	\$ 534	\$ 0.56	\$ 700	\$ 165.09	\$ 11,192
Employee Parking - 8th Avenue Lot	\$ 7,073	\$ 442	\$ 0.46	\$ 579	\$ 136.54	\$ 9,257
Donations/Misc	\$ 208	\$ 13	\$ 0.01	\$ 17	\$ 4.01	\$ 272
Total Treatment Services Funding	\$ 3,201,329	\$ 200,083	\$ 210	\$ 261,889	\$ 61,806	\$ 4,190,221
Total Estimated Increase YTD with Expansion	\$ 988,892					
Annualized Estimated Increase X 3	\$ 2,966,677					
Total Estimated income per year	\$ 12,570,663.61					

VII. Funding Request:

We are requesting from the Board of Health to allow TS to use surplus revenue generated by TS in 2024 to help fund the expansion.

REV. DRAFT